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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.			
Typed or Printed Name		Susan M. Alessi	
Signature		<i>Susan M. Alessi</i>	Date 12/14/2001

RESPONSE UNDER 37 CFR 1.116 Address to: Assistant Commissioner for Patents Washington, D.C. 20231	Attorney Docket	CELL-014; 122.1
	First Named Inventor	D. Yu
	Application Number	09/392,822
	Filing Date	September 9, 1999
	Group Art Unit	1632
	Examiner Name	P. Brunovskis
	Title: <i>Adenovirus Vectors containing Cell Status-Specific Response Elements and Methods of Use thereof</i>	

Sir:

This amendment is responsive to the Final Office Action dated September 14, 2001 for which a three-month period for response was given making a response due on or before December 14, 2001. Accordingly, the present response is timely filed.

Please make the following changes:

IN THE SPECIFICATION

Page 7, lines 3-5, replace the paragraph with the following rewritten paragraph:

--In another embodiment, the cell status-specific TRE comprises a hypoxia responsive element.--

Delete Figure 2.

Page 22, line 17 to page 23, line 4, replace the paragraph with the following rewritten paragraph:

--Another group of genes which are regulated by cell status are those whose expression is increased in response to hypoxic conditions. Bunn and Poyton (1996) *Physiol. Rev.* 76:839-885; Dachs and Stratford (1996) *Br. J. Cancer* 74:5126-5132; Guillemin and Krasnow (1997) *Cell* 89:9-12. Many tumors have insufficient blood supply, due in part to the fact that tumor cells typically grow faster than the endothelial cells that make up the blood vessels, resulting in areas of hypoxia in the tumor. Folkman (1989) *J. Natl. Cancer Inst.* 82:4-6; and Kallinowski (1996) *The Cancer J.* 9:37-40. An important mediator of hypoxic responses is the transcriptional complex HIF-1, or hypoxia inducible factor-1, which interacts with a hypoxia-responsive element (HRE) in the regulatory regions of several genes, including vascular endothelial growth factor, and several genes encoding glycolytic

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Name (Print/Type)	Susan M. Alessi	Signature	<i>Susan M. Alessi</i>		Date	12-14-2001
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TRANSMITTAL <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Large Entity	Application Number	09/392,822		
	Confirmation Number	1828		
	Filing Date	September 9, 1999		
	First Named Inventor	Yu et al.		
	Examiner	P. Brunovskis		
	Group Art	1632		
	Attorney Docket No.	CELL-014		

ENCLOSED:	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Amendment Under Rule	Total	12	31	0	\$9.00	\$ -
<input checked="" type="checkbox"/> 37 CFR § 1.116	Independent	3	2	0	\$42.00	\$ -
<input checked="" type="checkbox"/> Pages 13	Multiple					
Total Extra Claim Fees						\$ -

☐ Applicants Petition for an Extension of time from _____ to _____ A month extension was previously filed and paid for thereby reducing the basic fee

☐ Response to File Missing Parts (with copy of formalities letter)

<input type="checkbox"/> Filing Fee	Fee	
<input type="checkbox"/> Executed Declaration	Surcharge Fee	
<input checked="" type="checkbox"/> Other	Fee	
	Fee	
	Fee	
	Fee	
		Subtotal \$ -

☐ Information Disclosure Statement

<input type="checkbox"/> PTO Form 1449	Pages	
<input type="checkbox"/> _____ Copies of Cited References		
<input type="checkbox"/> Other		
		Subtotal \$ -

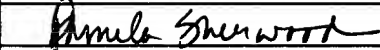
☐ Response to Notice to Comply (with copy of Notice to Comply)

<input type="checkbox"/> Sequence Listing Certification	Pages	
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		Fee

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<input type="checkbox"/> Terminal Disclaimer		Fee
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages _____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____	Fee _____
<input type="checkbox"/> Reply Brief	Pages _____	Fee \$ -
Subtotal		\$ -
<input checked="" type="checkbox"/> Other Enclosures and/or Fees <u>Copies of 2 cited references</u>		Fee _____
<input type="checkbox"/> Power of Attorney		
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$ -
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED		
Name (Print/Type)	Pamela J. Sherwood	Registration No. 36,677
Signature		Date 12-14-2001
Firm Name	Bozicevic, Field & Francis LLP	Address 200 Middlefield Road, Suite 200
City	Menlo Park	State California zip 94025
Telephone - Direct Dial	650-327-3400	Facsimile 650-327-3231

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